## **NSP Rent and Occupancy Report**

| Property #        |                    | Date of Report:                |   |  |  |  |  |  |  |  |
|-------------------|--------------------|--------------------------------|---|--|--|--|--|--|--|--|
| Property Name:    |                    | Reporting Period:              | January 1, 2014 - December 31, 2014   |  |  |  |  |  |  |  |
| Address:          |                    | Instructions:                  |   |  |  |  |  |  |  |  |
| Total NSP Units:  |                    | Please complete this form for  | all NSP assisted units for move-ins, move-outs, and recerts.  |  |  |  |  |  |  |  |
| Rent Designation: |                    | <br>Definitions:               |   |  |  |  |  |  |  |  |
| Low HOME          | 100% Sec 8 (no UA) | PBRA - Project Based Rental As | ssistance   |  |  |  |  |  |  |  |
| High HOME         | 100% MTSP (no UA)  | TBRA - Tenant Based Rental As  | ssistance   |  |  |  |  |  |  |  |
| 50% MTSP          | 120% Sec 8         | Gross Rent - Tenant Paid Rent  | plus Utility Allowance (if UA included) plus Subsidy Amount (include all subsidy unless Low HOME with |  |  |  |  |  |  |  |
| 60% MTSP          | 120% MTSP          | PBRA)                          | PBRA)   |  |  |  |  |  |  |  |

|       |          |             |             |           |              | Annual  |      |             | Annual    |       |           |           |        |            |            |           |          |           |
|-------|----------|-------------|-------------|-----------|--------------|---------|------|-------------|-----------|-------|-----------|-----------|--------|------------|------------|-----------|----------|-----------|
|       |          |             |             |           |              | (Gross) |      |             | (Gross)   |       |           |           |        | Subsidy    |            |           |          | 2015 Rent |
|       |          | Rent        |             | Household |              |         |      | Last Recert | Income at |       |           |           |        | Type (PBRA |            |           | Move-out | Increase  |
| Unit# | Bedrooms | Designation | Tenant Name | Size      | Move-in Date | Move-In | AMI% | Date        | Recert    | AMI % | Paid Rent | Allowance | Amount | OR TBRA)   | Gross Rent | Household | Date     | Amount    |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           | _            | _       | _    | _           |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |
|       |          |             |             |           |              |         |      |             |           |       |           |           |        |            |            |           |          |           |